

**APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR SPECIAL WORK,  
TEMPORARY TOUR OF ACTIVE DUTY, AND ANNUAL TRAINING FOR SOLDIERS OF THE  
ARMY NATIONAL GUARD AND U.S. ARMY RESERVE**

For use of this form, see AR 135-200; the proponent agency is DCS, G-1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 USC 672(d) and USC 275.

**PRINCIPAL PURPOSE:** To determine eligibility and schedule individuals for active duty for special work or active duty for training on requested dates.

**ROUTINE USES:** To identify the applicant as a Reserve Component member and to issue active duty for special work or active duty for training orders.

**DISCLOSURE:** Completing this form is mandatory for individuals applying for active duty for special work and active duty for training. If not completed, you will be ineligible for the requested tour.

**PART I - APPLICANT (Read instructions in AR 135-200 before completing this form.)**

1. TO (Include ZIP Code)

2. NAME (Last, First, MI)

3a. PERMANENT HOME ADDRESS (Include ZIP Code)	4a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (If different from permanent home address) (Include ZIP Code)
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3b. HOME TELEPHONE NUMBER (Include area code)	4b. HOME TELEPHONE NUMBER (Include area code)
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3c. BUSINESS TELEPHONE NUMBER (Include area code)	4c. BUSINESS TELEPHONE NUMBER (Include area code)
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5. UNIT OF ASSIGNMENT OR ATTACHMENT	6. GRADE	7. BRANCH
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8. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	9. DOB	10. MARITAL STATUS	11. NO. OF DEPENDENTS
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12. PRIMARY SSI (AOC)/MOS	13. DUTY SSI (AOC)/MOS	14. HEIGHT	15. WEIGHT
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16. <input type="checkbox"/> I am <input type="checkbox"/> I am not drawing a pension, disability compensation, or retired pay from the U.S. Government.	17. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE (AFS)
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18. **FOR INDIVIDUAL MOBILIZATION AUGMENTEES ONLY:** THIS APPLICATION IS FOR (Check one)

IMA AT  ADT in lieu of IMA AT  Additional ADT

19. DATES OF ADSW/TTAD/ADT/AT REQUESTED

a. FIRST CHOICE		b. SECOND CHOICE	
NUMBER OF DAYS	BEGINNING DATE/TIME	NUMBER OF DAYS	BEGINNING DATE/TIME
LOCATION		LOCATION	
DUTY/TRAINING AGENCY		DUTY/TRAINING AGENCY	

20. **To the best of my knowledge and belief, I am physically qualified for active military duty. I was**

a. LAST EXAMINED ON	b. AT
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21. SIGNATURE	22. DATE
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23. REMARKS

I understand that although at the completion of my tour I may be within 2 years of qualifying for an active duty retirement under 10 USC 1293, 3911, or 3914, it is current Army policy that I will be released from active duty at the completion of my tour unless continued retention on active duty is considered in the best interest of the Army by the Assistant Secretary of the Army (*Manpower and Reserve Affairs*). I hereby consent to my release from active duty at the completion of this tour.

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(Signature of applicant)

**PART II - RECORDS CUSTODIAN**

24. PAY ENTRY BASIC DATE	25. SECURITY CLEARANCE	26. PROMOTION CONSIDERATION CODE	27. DATE OF RANK
28. RYE DATE	29. ETS ( <i>Enlisted</i> )	30. MANDATORY REMOVAL DATE ( <i>Officers</i> )	31. UIC
32. HIV TEST DATE	33. PANOGRAPHIC DENTAL X-RAY ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO		

34. List all previous AD, TTAD, AT, ADT, IADT, and ADSW in the previous and current fiscal year showing inclusive dates, purpose of tours, and HQ or agency to which attached.

a. PERIOD OF TRAINING/DUTY			b. TYPE TRAINING/DUTY ( <i>AD, TTAD, etc.</i> )	c. LOCATION/INSTALLATION	d. DUTY PERFORMED
FROM	TO	NO. DAYS			

e. SIGNATURE OF UNIT COMMANDER			f. DATE		
35a. NAME OF RECORDS CUSTODIAN ( <i>Last, First, MI</i> )			b. GRADE		
c. SIGNATURE			d. DATE		